

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/887698**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4							54						
5		1					55						
6							56						
7		1					57						
8							58						
9							59						
10	1						60						
11		1					61						
12							62						
13							63						
14							64						
15	1						65						
16		1					66						
17							67						
18		1					68						
19		1					69						
20	1						70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25							75						
26							76						
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34							84						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	14						TOTAL DEP.						
TOTAL CLAIMS	18						TOTAL CLAIMS						